

## PrEP Medication Order Form

**Program/Provider Site:**

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**Program Site PrEP Navigator/Contact Name:**

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**Program Site Contact Number:**

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**Program Site Contact Fax Number:**

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**Pick-up Site:**

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**PrEP Client Name and Date of Birth**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

*Pharmacy Use*

**Client Signature:**

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**Pick-up Date:**

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**Instructions for Program Site:** Please fill out the Provider/Program site, PrEP Navigator/Contact person and fax number at the top. Fill in the client name and date of birth in the middle left box. Fax to VDH Pharmacy Services at 804-371-0236.

**Instructions for Pickup Site:** Keep this form so that it is readily available with the medication upon pick-up. Upon pick up, have client sign and date the bottom of the form. If the program site/provider is different from the pick up site, this form will need to be faxed back to the provider fax number at the top of this form so that they know when to reorder the medication from VDH Pharmacy Services. At the end of the month, you will need to fax all the PrEP Medication Order Forms to Eric Mayes, VDH PrEP Drug Assistance Program Coordinator at 804-864-8053.